

HÆMORRHOIDS
AND
PROLAPSUS

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HÆMORRHOIDS
AND
PROLAPSUS,
THEIR IMMEDIATE AND PAINLESS CURE.

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Preface to the First Edition.

A FEW years ago the author published a small work on the Cure of Piles and Prolapsus by "combined electrolysis," which was more suited to those sufferers who did not mind *taking æther*. But as this necessitated laying up for three or four days, it only met a class of cases who had that time at their disposal. The busy clergyman, the hard-working clerk, the small shopkeeper, could not

find the opportunity to give themselves the benefit of "*the cure*," as *time* with them was of so great importance. To meet this very numerous class of cases (some very severe, some slight, some of such great size that it was wonderful how they could daily attend to their work), the author devised a plan which is *perfectly effectual*, *perfectly safe*, and *free from suffering*. And in operating in that manner, several hundred times without one single complication or real discomfort, the complete and perfect cure of piles and prolapse has been brought within the reach of every sufferer.

The words of a letter of one great sufferer who came to the author from the middle of England are, "Life, instead of being a burden, as it had been for some time, I now feel a pleasure in it;" and this may be true of every one who will submit to the simple and effectual treatment described in the following pages.

Some cases have lost *daily* a certain amount of blood for years, and had their lives rendered hardly worth living; they have been completely cured, all bleeding being stopped at once. One case of *this class*, writing to me about a friend

with cancer, mentions of herself, twelve months after I operated on her, "With regard to my own health, I am thankful to say I have had no return of my old enemy, for which I thank you every day."

18, HERTFORD STREET, MAYFAIR,
LONDON, W., 1880.

Preface to the Second Edition.


IN preparing the Second Edition for the press, the author has added a short chapter on *Stricture* of the Rectum, in order that any sufferer may lose no time in ascertaining the fact and resorting *at once* to the treatment indicated. Often the stricture is found out by an accidental examination of the rectum for hæmorrhoids ; sometimes it is discovered to be the cause of an *obstinate looseness*.

The author, from an increasing number of cases of hæmorrhoids, is daily *confirmed*, by the singularly happy and successful *cures*, in the fitness and blessing of this mode of treatment.

18, HERTFORD STREET, MAYFAIR,
LONDON, W., 1881.

CHAPTER I.

EXTERNAL PILES.

HESE are common, and are either acute or chronic.

If acute they are sometimes tender and painful, and they become sometimes considerably swollen and hard.

A damp seat in a cab, omnibus, railway carriage, or from riding on a damp saddle, will often cause an acute attack of *external* piles. Acute indigestion, or blood-poisoning, are also sometimes the cause. Suddenly a lump will appear covered with skin, sometimes it is *hard*, sometimes not so, but it is generally somewhat tender.

A saline, with gall ointment or Hamamelis

ointment rubbed in for five minutes twice a day, and a warm compress each night covered with oil silk, is sufficient to cure these *acute* attacks. Generally, small doses, three times a day, of aconite expedite the complete recovery. I have not found it necessary, even in those *hard blood clots* of which Mr. Henry Smith speaks, to follow his suggestion of puncturing. I have always been able to keep off pain, and dissipate them without recourse to incision. And I now never use the knife about the rectum, being convinced of the risk that *may* be run in laying the blood vessels open, and the consequent possibility of their absorbing unhealthy material.

Chronic external piles are easily managed. Spray the surface with æther and apply a small pad of asbestos saturated with nitric acid, or chromic acid (if there be much

moisture or eczema), or potassa fusa, if there be much induration, and the cure is complete.

But never attempt to cure an external pile *at the same time* as an internal. This sometimes becomes a source of complication and danger; but if the internal be cured first, and *afterwards* the external, then there is no fear of inflammation or any complication whatever.

One of the chief causes of piles is constipation, sometimes *of the past*, sometimes still a symptom of difficulty. And one of the frequent causes of *this* constipation is *stricture, spasmodic or organic*, of the rectum or colon.

The symptoms of constipation from this cause are generally lumpy, or ball-like or *unformed* motions; often for some months or years there has not been a complete, long,

even-*formed* motion of healthy *consistence*. One part of the stool is *formed* sometimes, the rest lumpy, with scybala, or semi-solid and loose. The actions are *small*, half the ordinary size, and this can be ascertained (often much to the patient's wonder) by passing a tonic-antispasmodic suppository into the bowel, an hour or so *after* their regular daily motion. In a short time the vermicular action of the colon is started; the stricture is relaxed, and another motion, varying in its nature, comes down from behind the closure, and asserts itself as part of the daily, natural action, that should in the ordinary course of circumstances have been discharged with the earlier stool. This stricture is readily *cured* by electricity and suppositories, and the piles, whether external or internal, disappear in consequence. Great despondency, often for

years, exists from this unsuspected cause; the watery parts of the *delayed* portion being slowly absorbed all day, and producing want of energy and purpose and perseverance from simple blood impurity. This state causes want of energy *in the mornings*, when energy and spirit after the night's rest should be at their best.

CHAPTER II.

INTERNAL PILES.

INTERNAL piles are most varied in their nature and appearance. Sometimes they are solitary, but more frequently by far they are composed of several *masses* of distended and thickened blood vessels and deposits of fibre. They give rise to very numerous symptoms, and hardly any spot in the body is free from

their disturbing influence. Sometimes there is *loss of walking power*, which is immediately regained on the cure of the pile. I had one very marked case of this in an old gentleman, who volunteered the statement to me of his recovery of walking power, when his internal pile and prolapsus were *cured*. Often there is *headache*, often *giddiness*. Sometimes the main symptom is *asthma*, and the author succeeded once in curing asthma of very severe character in a lady, by merely local rectal treatment. Generally there is backache and pains in the hips, thighs and legs, often mistaken for rheumatism and neuralgia.

Indigestion owes its cause in many cases to internal piles, often hardly recognized.

But what causes most cases to apply to the author for cure, is *loss of nerve power*, *nervousness* and *general exhaustion*.

For these, until the piles are cured, there is no relief. Constant or intermittent small bleedings are amongst their fairly frequent symptoms.

But it would be foreign to the design of this brief treatise to examine and detail all the various subjective symptoms which worry and tease the various organs of the body, *and which can only be effectually overcome by the complete cure of the internal piles themselves.*

The cure is simple, prompt and painless. A small air-pump the author has designed for bringing them at once into view. Their surface is touched first with salicylic acid absorbent wool; then a weak current passed through them; then the surface touched with nitric acid; and lastly, with a paste of chalk and water. The patient feels nothing, in fact has to be told when it begins and when it is

finished ; and in answer to the question I often put, "Well, have you felt the slightest real pain?" they reply, "None whatever." Patients come hundreds of miles, the operation is quickly done, and they return at once.

It takes rather more time with simple prolapsus, without piles, but no more pain.

Where there is thickened tissue and great swelling the operation has to be repeated, sometimes several times, but the ultimate cure is certain.

The author recommends and uses the three grain tannin suppositories, which he finds of such great value in *bracing* the parts, and regulating the bowels, when the *constipation*, so common in these cases, depends on atony of the colon or rectum.

An hydrastis suppository the author has found of the very greatest service in the very

severe forms of piles and prolapsus common in many elderly persons.

It regulates the bowels, removes liver congestions, heals rectal ulcers, and in *cancer of the rectum* or bowel it materially helps the suffering.

CHAPTER III.

PROLAPSUS.

HERE, in addition to pile, excrescence or polypus, or even without either of them, the mucous and muscular coats of the bowel themselves descend. This happens with or without a motion ; and many a case of *giddiness* and mistiness of the sight owes its cause to prolapsus, or to internal piles.

The treatment of this form of rectal worry is the elliptical cicatrix, internal first, and if

that be not *completely effectual*, then the *lateral* external cicatrix is curative.


Paralysis of the sphincter is to be treated by local Faradism and strychnia suppositories. The dose by the rectum being half that by the stomach, as, contrary to the usual law, strychnia acts more energetically by the rectum than by the mouth.

Very many cases reported by patients as prolapsus are merely internal piles, and all prolapse disappears when the piles themselves are cured. The daily use of the larger rectum bougie is to be adopted in these cases of prolapsus. Where there is irritation throughout of the mucous membrane from the throat to the rectum, half a teaspoonful daily for a fortnight of glycerine with water will often soothe and restore the surface and mitigate the hæmorrhoidal state, or vaseline mixed with twice the

quantity of cream, where by itself it seems too irritating.

CHAPTER IV.

STRICTURE OF THE RECTUM.

HE symptoms are—

1. Habitual costiveness (as a rule).
2. Patient complains of piles.
3. Stools sometimes like earthworms in size ; most often like small pellets.
4. As the disease advances there is a thin sanious discharge and tenesmus.
5. Much wind and eructation.
6. ‘ Lastly, an adhesion takes place with the bladder, and an abscess forms, discharging itself with the urine, and sometimes fæces and wind are voided

by the urethra, or by a fistula in the nates.'

Such is the end, wearing out the patient when the disease is not early diagnosed and treated.

The *causes* of stricture are those which excite inflammation or irritation of the canal. It is sometimes cancerous ; often it is syphilitic, and readily curable by specific, local, and constitutional remedies.

It is a certain fact that stricture of the rectum (although if early attended to is readily curable) is often more rapidly fatal than cancer of the rectum. And for this reason: That the ulcerative process of cancer of the rectum often keeps the passage free and then wears out the patient by pain, by bleeding, discharges, &c., and general irritation; whereas the *slow* though *certain* complete

closure of the rectum from stricture, if not attended to, leads to an earlier death.

When by habitual costiveness, not constipation so much, and the departure from the normal physical shape of the stools, an organic stricture is suspected, it should be clearly ascertained by local examination without any delay.

A fair-sized bougie is necessary, one not too large, but large enough to be held firmly by the stricture, for about 10 minutes every day at first. The bowels should be kept constantly loose and soft. And the *constitutional* cause, if it exist, must be carefully and continuously combatted.

If the stricture be unyielding, part of it can safely be dissolved by electricity, and thus the cure greatly expedited. But division by the knife ought never to be resorted to, on ac-

count of the very *real danger* from hæmorrhage, peritonitis, or purulent infection; not to mention abscess and fistulous sequelæ.

FINIS.



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